## FORM D SEC Wall Processing Section

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

TAN S B XOOB

FORM D

OMB Number: 3235-0076
Expires: June 30,2008
Estimated average burden
hours per response.....16.00

Washington, DC 101

## NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR INIFORM LIMITED OFFERING EXEMPT

SEC USE ONLY							
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UNITORIAL FIMILED OFFERING EXEM	PHON
Name of Offering ( check if this is an amendment and name has changed, and indicate change.)	
SimplyShe, Inc.  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: Amendment	PROCESSED
A. BASIC IDENTIFICATION DATA	JUN 272008
1. Enter the information requested about the issuer	<b>-</b>
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)	THOMSON REUTER
SimplyShe, Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
1020 Kearny Street, San Francisco, CA 94133	(415) 904-9914
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business The issuer produces content oriented products targeted towards women, infants and pets.	
Type of Business Organization  corporation  limited partnership, already formed  business trust  limited partnership, to be formed	please specify):
Month Year  Actual or Estimated Date of Incorporation or Organization: 112 919 Actual Estin  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State  CN for Canada; FN for other foreign jurisdiction)	
GENERAL INSTRUCTIONS	
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D of 77d(6).	or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering, and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given be which it is due, on the date it was mailed by United States registered or certified mail to that address.	
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 203	549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually photocopies of the manually signed copy or bear typed or printed signatures.	y signed. Any copies not manually signed must be
Information Required: A new filing must contain all information requested. Amendments need only report thereto, the information requested in Part C, and any material changes from the information previously suppli- not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sa ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the S are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for accompany this form. This notice shall be filed in the appropriate states in accordance with state law, this notice and must be completed.	ecurities Administrator in each state where sales the exemption, a fee in the proper amount shall
ATTENTION	
Failure to file notice in the appropriate states will not result in a loss of the federal ex appropriate federal notice will not result in a loss of an available state exemption unles filing of a federal notice.	

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2. Enter the information re	quested for the fo	Howing:			
<ul> <li>Each promoter of</li> </ul>	the issuer, if the is:	suer has been organized w	ithin the past five years;		
<ul> <li>Each beneficial ow</li> </ul>	ner having the pow	ver to vote or dispose, or dis	rect the vote or disposition	of, 10% or more o	fa class of equity securities of the issuer.
Each executive off	ficer and director o	of corporate issuers and of	corporate general and mai	naging partners of	partnership issuers; and
<ul> <li>Each general and i</li> </ul>	nanaging partner (	of partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Peevey, Maria	if individual)			<del></del>	
Business or Residence Addre 2150 Hyde Street, #4; Si	ss (Number and an Francisco, C/	Street, City, State, Zip Co A 94109	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first. i Peevey, Michael	f individual)				
Business or Residence Addre 72 Whalers Reach; Guala	* .	Street, City, State, Zip Co	ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Lim, Dale	f individual)				
Business or Residence Addre 1531 Camden Avenue, #	·		ode)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Bicker, Lisa	f individual)		····		
Business or Residence Addre 1422 44th Street; Sacrar			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i Kantor, Rick	f individual)			·····	
Business or Residence Addre 5389 East Provident Driv		Street, City, State, Zip Co 1 45246	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first. i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Co.	de)	<u></u>	
	(Use blan	nk sheet, or copy and use a	additional copies of this sh	neel, as necessary)	

			or of the	e es Bal	NORMAT	ION AROL	TROFFERI	NG THE		4000		
									in = 1)		Yes	No
i. Has i	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											X
2 11/4	Answer also in Appendix, Column 2, it filling under OLOE.  What is the minimum investment that will be accepted from any individual?										1,0	00.00
2. Wha	. What is the minimum investment that will be accepted from any individual.										Yes	No
3. Does	the offering	permit join	it ownershi	p of a sing	gle unit?							<b>X</b>
4. Ente	r the informa	tion reques	ted for eac	h person v	vho has bee	en or will l	be paid or	given, dire	ctly or ind	irectly, any		_
	nission or sin erson to be li:											
or sta	ites. list the n	ame of the b	proker or de	ealer, If m	ore than fiv	e (5) perso:	ns to be list	ed are asso				
	ker or dealer	· · · · · ·		e informat	ion for that	broker or	dealer only	4.				
Full Nam	e (Last name	first, if ind	lividual)									
Business	or Residence	Address (N	Number and	d Street, C	ity, State. 2	Zip Code)						
Name of	Associated B	roker or De	aler									
States in	Which Person	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers	· · · · · · · · · · · · · · · · · · ·					
	ck "All State										□ AI	I States
											_	
(AL)		AZ	AR	CA	[CO]	CT CT	DE	(DC)	(FL)	[GA]		(ID)
[IL] [MT]	NE	NV	KS NII	KY NJ	LA NM	ME) NY)	(MD) (NC)	MA ND	MI) OII)	(MN) (OK)	MS OR	MO PA
(RI)	SC	SD	TN	TX	UT)	[ <u>7,</u> [		WA	WV	(WI)	WY	PR
Full Nam	e (Last name	tirst, if ind	lividual)									
Business	or Residence	e Address (	Number an	d Street, C	ity. State.	Zin Code)					•	
Du	0		, , , , , , , , , , , , , , , , , , , ,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
Name of	Associated B	roker or De	aler									
Change in 1	Which Person	. I : J !!-	. e-t:-ta		An Callais	D	<del></del>					
	wnich Perso: ck "All State										A1	l States
(Cne	ck All State	S OF CHECK	mervioual	States)	****************	.,	***************	***************************************	************	****************	∐ Ai	1 States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA		ID
	[N]	IA	KS	KY	LA	ME	MD)	MA	MI	[MN]	MS	MO
MT RI	NE SC	NV SD	[אר] מר]	NJ TX	(MM)	NY VT	NC VA	ND WA	(OII)	OK Wi	OR WY	PA PR
					(21)							
Full Name	e (Last name	first, if ind	ividual)									
Business	or Residence	Address (	Number an	d Street, C	ity, State,	Zip Code)						
		•		•								
Name of	Associated B	roker or De	aler								· ·	
States in	Which Person	Listed Ha	s Solicited	or intends	to Solicit	Purchasers						
(Che	ck "All State	s" or check	individual	States)		***************************************	************	***************************************	•••••		□ AI	l States
AL	AK	ĀZ	AR	CA	CO	CT	DE	DC	FL	GA	III	[D]
IL	IN	ĪĀ	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NII	NJ	NM)	NY	NC VA	ND WA	<u>[011]</u>	OK N	OR WV	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

l.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	s
	Equity	762,000.00	s 762,000.00
	Common Preferred		
	Convertible Securities (including warrants)	5	s
	Partnership Interests	<u> </u>	
	Other (Specify)	S	
	Total		
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		c 762,000.00
	Non-accredited Investors		3
	Total (for filings under Rule 504 only)	<del></del>	\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	-	\$
	Regulation A		3
	Rule 504		<u> </u>
	Total		s 0.00
ı	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		3_0.00
	Transfer Agent's Fees		\$
	Printing and Engraving Costs	_	s
	Legal Fees		
	Accounting Fees		_
	Engineering Fees		_
	Sales Commissions (specify finders' fees separately)		s
	Other Expenses (identify)		s
	Total		0.00

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	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees	] \$	\$
	Purchase of real estate	] <b>s</b>	. 🗆 \$
	Purchase, rental or leasing and installation of machinery and equipment	] <b>s</b>	. 🗆 \$
	Construction or leasing of plant buildings and facilities	] \$	. <b></b> \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	٦٥	Г <b>1</b> \$
	Repayment of indebtedness		_
	Working capital		_
	Other (specify):	<del></del>	<del></del>
		] \$	. 🗆 \$
	Column Totals	s 0.00	S_0.00
	Total Payments Listed (column totals added)	s_ <u></u> 0.	00
9 vi	DATE DIA TURBANDO DE LA COMPANSIONA DE		
sig	e issuer has duly caused this notice to be signed by the unde <del>rsigned cul</del> y authorized person. If this notice nature constitutes an undertaking by the issuer to famish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	ion, upon writte	le 505, the following in request of its staff.
		ate	
	mplyShe, Inc.		
	me of Signer (Print or Type)  Title of Signer (Print or Type)		
∪a —	le Lim Chief Financial Officer		

## ATTENTION —

intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		the state of the s						
1.	Is any party described in 17 CFR 230.20 provisions of such rule?	Yes 🔲	No <b>Z</b>					
		See Appendix, Column 5, for state	e response.					
2.	The undersigned issuer hereby undertake D (17 CFR 239,500) at such times as re		or of any state in which this notic	ce is filed a no	ice on Form			
3.	The undersigned issuer hereby undertak issuer to offerees.	es to furnish to the state administr	ators, upon written request, info	ormation furn	ished by the			
4.	The undersigned issuer represents that t limited Offering Exemption (ULOE) of tof this exemption has the burden of esta	he state in which this notice is file	I and understands that the issue					
	er has read this notification and knows the thorized person.	contents to be true and has duly caus	sed this notice to be signed on its	behalf by the	undersigned			
Issuer (1	Print or Type)	Signature	Date					
SimplyS	She, Inc.	-						
Name (I	Print or Type)	Title (Print of Type)	<del>,</del>		<del></del>			
Date Li	m	Chief Financial Officer	Chief Financial Officer					

Chief Financial Officer

## Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				PARK PA	RUNDIX9	PART I			
	Intend to non-a investor	2 I to sell accredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	investor and rehased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ		×	Common Stock \$400,000	2	\$400,000.00				X
AR									
CA		×	Common Stock \$362,000	4	\$362,000.00				×
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1	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 Finvestor and rchased in State C-Item 2)		5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
МО									
МТ						_			
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NH									
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NC							·		
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TN									
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	Intend to sell to non-accredited investors in State (Part B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)			Type of investor and amount purchased in State (Part C-Item 2)					Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY										
PR										